

James S. Cheng Secretary of Commerce and Trade



COMMONWEALTH of VIRGINIA

William C. Shelton Director

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

VIRGINIA MANUFACTURED HOUSING BOARD APPLICATION FOR LICENSURE

BROKER

1.	Type of application: () Initial () Renewal () Reinstatement		
2.	Full Name of Business:		
3.	Phone number at business location: ()		
1.	Mailing address (include street and/or P.O. Box):		
5.	Full physical address of business location:		
5.	Doing business in the () City () County () Town of:		
7.	Name and title of individual designated as "In Charge":		
3.	Name of individual applying: (This is the name that will appear on the license as contact person)		
€.	E-mail Address of individual applying:		
10.	. Federal Identification Number (F.I.N.):		
11.	State in which incorporated:		
12.	Business hours as posted at business office:		
13.	List below all owners, officers and/or partners, their percentage of ownership, titles, telephone numbers and mailing addresses: (Attach additional pages as needed)		



14.	List any previous license numbers issued by the Board that you have conducted business under during the last five years. Include any licenses issued by the Department of Motor Vehicles. (Attach additional pages as needed.)		
15.	List the name and license numbers for any other business locations owned and/or operated by your company that are currently licensed by the Virginia Manufactured Housing Board. (Attach additional pages as needed.)		
16	List full names of all employed salespersons along with a full physical description to include date of birth, sex, height		
	weight, hair color and eye color. (Attach additional pages as needed.)		
17.	Please include a current copy of your financial statement which does not have to be an audited copy. The financia statement may consist of a balance sheet.		
18.	statement may consist of a balance sheet.		

C. Have you ever been convicted of any fraudulent or criminal act in connection with the business of sening
manufactured homes?
() Yes () No
D. Have you ever been convicted of larceny; or receipt or sale of stolen property?
() Yes () No
E. Have you ever been affiliated with, held an interest in; or operated a company that went bankrupt?
() Yes () No

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STATEMENT OF COMPLIANCE

I	certify that I am familiar with the
(Name of Applicant print your name)	
govern the manufactured housing indus regulations, and that the answers contai	ansaction Recovery Fund Regulations and other laws which try, and that I am in compliance with all such laws and ned in the foregoing application are true and correct and cation and answer the questions contained therein.
Name of Business:	
Signature of Applicant:	
Date of Signature:	

NOTE:

Return the completed application with a check or money order made payable to the "**Treasurer of Virginia**" and mail to the following address:

Virginia Department of Housing and Community Development
Division of Building & Fire Regulation
P.O. Box 652
Richmond, VA 23218-0652

(Please see the Instructions for the applicable fees.)